## FEC FORM 2

## STATEMENT OF CANDIDACY

	ame of Candidate (in full)													
	aldez 'Val' Demings			and the state of		10.0		4: N1 1						
	b) Address (number and street)					Candidate's FEC Identification Number     H6FL10144								
(c) Ci	ty, State, and ZIP Code					3. Is This	New		Amended					
	Orlando		FL	3285	3	Statement	X (N)	OR	(A)					
•	Affiliation	5. Office Soug	ht			rict of Candidate								
DEM	IOCRATIC PARTY	House			FL	10								
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE														
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election)														
NOTE: This designation should be filed with the appropriate office listed in the instructions.														
(a) Name of Committee (in full)														
\	/al Demings for Co	ngress												
` '	ddress (number and street) PO Box 536926													
(c) Ci	ty, State, and ZIP Code													
	Orlando				FL	32853								
	DE	SIGNATIO	N OF OT	HFR AII	THORIZED	COMMITTER	=\$							
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)														
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.														
NOTE: This designation should be filed with the principal campaign committee.														
(a) Na	ame of Committee (in full)													
,	,													
(b) Ac	ddress (number and street)				(b) Address (number and street)									
(c) Ci	tv. State. and ZIP Code													
(c) Ci	ty, State, and ZIP Code													
(c) Ci	ty, State, and ZIP Code													
(c) Ci	ty, State, and ZIP Code  I certify that I have exa	mined this State	ement and to	o the best of	my knowledge a	and belief it is true,	, correct and (	complete.						
	I certify that I have exa	mined this Stat	ement and to	the best of	my knowledge a		, correct and (	complete.						
Signatu	I certify that I have exa	mined this Stat	ement and to	the best of	my knowledge a	Date	, correct and (	complete.						
	I certify that I have exa	mined this Stat	ement and to		my knowledge a tronically Filed]		, correct and o	complete.						
Signatu	I certify that I have exa	mined this Stat	ement and to			Date	, correct and o	complete.						
Signatui Val Dem	I certify that I have exa			[Elec	tronically Filed]	<b>Date</b> 10/23/2015			37g.					
Signatui Val Dem	I certify that I have exa re of Candidate ings			[Elec	tronically Filed]	<b>Date</b> 10/23/2015			37g.					
Signatui Val Dem	I certify that I have exa re of Candidate ings			[Elec	tronically Filed]	<b>Date</b> 10/23/2015			37g.					

FEC FORM 2 (REV. 02/2009)